



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HANCOCK REGIONAL HOSPITAL

City of Hospital: Greenfield

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Lori Forth

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Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$58886616
Outpatient Patient Service Revenue	\$317291098
Total Gross Patient Service Revenue	\$376177714

2. Deductions From Revenue

Contractual Allowance	\$239625783
Other Deductions	\$0
Total Deductions	\$239625783

3. Total Operating Revenue

Net Patient Service Revenue	\$136551931
Other Operating Revenue	\$12428093
Total Operating Revenue	\$148980024

4. Operating Expenses

Salaries and Wages	\$54968731	Employee Benefits	\$13130815
Depreciation and Amortization	\$13397151	Interest Expense	\$0
Bad Debt	\$9113618	Other Expenses	\$71240906
Total Operating Expenses	\$161851221		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-12871197	Total Assets	\$323861630
Net Non-operating Gains over Loss	\$18709311	Total Liabilities	\$-323861630

Total Net Gains	\$5838114
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$205128897	\$162011950	\$43116947
Medicaid	\$42982657	\$32456280	\$10526377
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$128066160	\$45157553	\$82908607
Total	\$0	\$239625783	\$-239625783

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$96223	\$0	\$96223

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$71465	\$190532	\$-119067
Hospital Patients	\$11674	\$37216	\$-25542
Community Education	\$10419	\$144219	\$-133800

Number of Medical Professionals Trained	20
Number of Hospital Patients Educated	85
Number of Citizens Exposed to Health Education Messages	571956

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4814763	
HCI Payments	\$0		
Subtotal	\$0	\$4814763	\$-4814763
Medicaid Shortfalls	\$10954485	\$32945958	
Subtotal	\$10954485	\$37760721	\$-26806236
DSH Payments	\$2,282,010		
Subtotal	\$13236495	\$37760721	\$-24524226
Medicare Shortfalls	\$35990075	\$168782812	
Other Government Programs	\$0	\$0	
Total	\$49226570	\$206543533	\$-157316963

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$378984	\$744126	\$-365142
Community Assessment	\$0	\$2464	\$-2464
Provision of Taxes	\$0	\$540828	\$-540828
Other Allocations	\$0	\$0	\$0

Comments

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